

AO 440 (Rev. 06/12) Summons in a Civil Action

# UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

JAMES FRANCIS, JOSEPH SEARLES, DARRELL  
COLBERT, REATHA BROWN, INDIVIDUALLY AND  
AS THE REPRESENTATIVE OF THE ESTATE OF  
AARON BROWN, JR., MICHAEL DUMAS, WILLIE  
ELLISON, ANTHONY GUILLORY, DERRICK  
HARRIS, FULTON JOHNSON, VICTOR JONES, RYAN  
MCCOY, GERALD MCNEIL, RANCE OLISON, JIMMY  
ROBINSON, GLENELL SANDERS, THOMAS  
SANDERS, MATTHEW SINCLAIR, RICHARD  
SOWELLS, EDWIN WEATHERSPOON, KEITH  
WOODSIDE, MILTON WYNN

*Plaintiff(s)*

v.

Civil Action No. 2:12-cv-06671

RIDDELL, INC. d/b/a RIDDELL SPORTS GROUP,  
INC.

*Defendant(s)*

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Riddell, Inc.  
9801 W. Higgins, #800  
Rosemont, IL 60018

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

MICKEY WASHINGTON  
5020 MONTROSE BLVD., SUITE 77006  
HOUSTON, TX 77006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 1/14/2014

*Tom Dwyer*

*Signature of Clerk or Deputy Clerk*

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Civil Action No. 12-6671

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Riddell Inc.  
 was received by me on (date) 2/4/14.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Delivered By Certified Mail to Riddell Inc. at  
9801 W Higgins #800 Rosemont IL 60018 on 2/4/14.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 2/17/14

Susan Wignitjes  
 Server's signature  
Susan Wignitjes Process Server  
 Printed name and title

306 Williamsport St League City Tx  
 Server's address  
77573

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ridde II Inc 9801 W Higgins #800 Rosemont IL 60018		B. Received by (Printed Name) <i>D. Szyba</i>	C. Date of Delivery 2/11/14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7011 2970 0000 3543 8341	

PS Form 3811, February 2004 Domestic Return Receipt *Francis* 102595-02-M-1540